

ARIZONA DEPARTMENT OF PUBLIC SAFETY  
Human Resources Bureau

## AFFIRMATIVE ACTION QUESTIONNAIRE



Arizona Law Enforcement Merit System Council rules and Department of Public Safety personnel practices and policies regarding employment, promotion and benefits are applied to all applicants and employees on the basis of their qualifications without regard to race, color, sex, age, religion, national origin or disability. The Department of Public Safety will make reasonable efforts in the examination process to accommodate disabled applicants. If you have special needs, please contact us.

The Department of Public Safety is asking all applicants for employment to voluntarily complete the Affirmative Action Questionnaire (below) to comply with state and federal equal opportunity requirements. Data collected will be used for statistical purposes only in order to monitor the success of recruitment and selection processes. The information will be detached from your application and kept separate and confidential. **COMPLETION OF THIS FORM IS OPTIONAL.**

<b>Social Security Number</b>										<b>Last Name</b>										<b>First Name</b>										<b>MI</b>
<b>Mailing Address</b>																														
<b>City</b>															<b>State</b>		<b>Zip Code</b>				<b>Date of Birth</b>									
<b>Home Phone Number</b>										<b>Work Phone Number</b>																				
Area Code										Area Code																				

PLACE AN "X" IN THE APPROPRIATE BOXES

<u>SEX</u>		<u>DISABLED</u>		<u>ETHNIC ORIGIN</u>					
Male	Female	Yes	No	White	Black	Hispanic	Asian/Pacific Islander	American Indian/ Alaskan Native	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### MILITARY SERVICE

Yes	No	<b>Beginning Date</b>							
<input type="checkbox"/>	<input type="checkbox"/>								

<b>Ending Date</b>							

### DISABLED VETERAN

Yes	No	<b>Percent of Disability</b>	
<input type="checkbox"/>	<input type="checkbox"/>		

### SURVIVING SPOUSE

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

### REFERRAL SOURCE

Friend/ Relative	DPS Employee	Newspaper Ad	DPS Recruiter	School/ College	Radio/ TV	Job Hotline	Government Agency	Internet	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	E	N	R	S	T	H	G	I	O

APPLICANT PLEASE PRINT – COMPLETE 1 THROUGH 4

1. Position Applied For:
2. Name:
3. Mailing Address:
4. City, State and Zip Code: